दौरे–ख़िज़ां में भी तेरी कलियां खिली रहें,
ता–हश्र ये हसीन फ़ज़ायें बसी रहें।

ALUMNI ASSOCIATION
SCD GOVERNMENT COLLEGE LUDHIANA

MEMBERSHIP FORM

Membership No. .....

1. Name

2. Date of Birth

3. (a) Father's Name ..... Occupation .....

   (b) Mother's Name ..... Occupation .....

   (c) Spouse's Name ..... Occupation .....

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4. For Old Students : (a) Studied in the College from ..... to .....

   (b) Last class passed ..... (c) Univ. Regn. No./PUPIN No.....

   (d) Any specific achievement during stay in the college (Academics, Sports and Co-curricular activities) .....

   .....

   (f) Any higher qualification from another institute .....

   (g) Present Profession .....

5. For faculty members, ex-faculty members and ex-principals (Tick (✓) the relevant box)

Faculty Member	Ex-Faculty Member	Ex-Principal

Period of work in the college	
From	To

Activities you are/were associated with : .....

6. Address : a) Permanent : .....

   Ph. No. (with code) .....

   b) Correspondence : .....

   Ph. No. (with code) ..... Mobile No. .....

   E-mail : .....

Date .....

Signature .....

For Office Use Only

Receipt No ..... Dt. .....

Membership approved

Gen. Secretary

President